

L19000063593

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

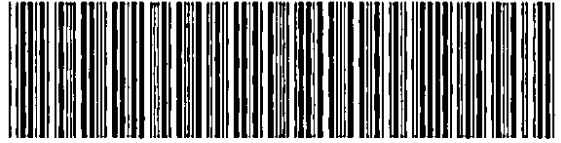
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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10/23/20--01010--030 **25.00

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CLERK OF STATE
CORPORATION
20 OCT 23 PM 3:45

Ra Resignation

DEC 01 2020

D CUSHING



* W1 5 0 6 5 8 1 *

2804 Gateway Oaks Drive #100 Sacramento, CA 95833

Phone 888-272-3725 Fax 800-603-5868

REFERENCE # MUST BE ON INVOICE TO BE PAID

Date: October 06, 2020

Vendor # H1080

TO: Florida Department of State
New Filing Section - Division of Corporations
PO Box 6327
Tallahassee, FL 32314

AE: Cori Ann Crosthwaite

Email: ccrosthwaite@myparacorp.com

Ref Number: 1506581

FAX:

EMAIL:

NAME: **CLAWS. DOG LLC**

REGISTERED AGENT RESIGNATION FILING

State

FL

SPECIAL INSTRUCTIONS:

REQUESTING 1 PLAIN COPY

PLEASE EMAIL OR FAX A COPY OF RESULTS

Please return via: Regular Mail

RETURN TO: PARASEC - 2804 GATEWAY OAKS DRIVE #100 SACRAMENTO, CA 95833

**CALL IMMEDIATELY IF YOU HAVE ANY QUESTIONS OR THE DEADLINE WILL NOT BE MET
888-272-3725**

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CLU
DIV OF STATE
CORPORATION

STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

Rocket Lawyer Corporate Services LLC
_____, hereby resigns as
Name of Registered Agent

Registered Agent for CLAWS. DOG LLC

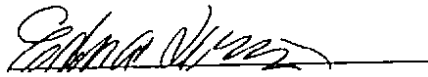
Name of Limited Liability Company

L19000063593

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

EDNA PERRY

Typed or Printed Name
Asst. Secretary Rocket Lawyer Corporate Servi

Capacity

20 OCT 23 PM 3:45

OFFICE OF THE
CLERK OF THE
STATE
TALLAHASSEE, FLORIDA

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314